

Exploring the Harm Reduction Approach

by

Megan E.J. Richer

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**Thesis Review**

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Exploring the Harm Reduction Approach

**Name of Candidate** Megan E.J. Richer  
**Degree** Master of Social Work  
**Department/Program** School of Social Work

**Date of Approval****APPROVED****Examiners**

**Supervisor 1** Dr. Tanya Shute

**Supervisor 2** Dr. Leigh MacEwan

Approved for the Faculty of Graduate Studies

Dr. David Lesbarrères

Dean, Faculty of Graduate Studies

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### **Abstract**

This Advanced Practicum Thesis paper examined the experience of my Advanced Practicum at the Outpatient Addictions and Gambling Services (OAGS) program at Health Sciences North. It focused on my learning goals which were to gain more knowledge and experience with the harm reduction approach for problematic substance use; to develop an understanding and skills for cognitive behavioural therapy (CBT); and to gain clinical skills for social work practice through receiving clinical supervision. I described how each learning goal was met through different strategies such as shadowing intake assessments and group programming, co-facilitating group programming, individually conducting intake assessments and case management, conducting research on each learning goal, taking relevant training, journal writing, and receiving clinical supervision. It concluded with implications for social work practice.

### **Résumé**

Cette thèse de stage avancé examine mon expérience aux Services de traitement externe de la toxicomanie et du jeu problématique à Horizon Santé-Nord. Elle met l'accent sur mes objectifs d'apprentissage qui étaient d'enrichir mes connaissances et mon expérience concernant l'approche touchant la réduction du préjudice en raison de l'usage problématique de substances; de parfaire ma compréhension et mes compétences en thérapie comportementale cognitive; et d'acquérir des compétences cliniques en service social sous supervision. Je décris comment j'ai atteint chaque objectif d'apprentissage en employant différentes stratégies comme l'observation de la programmation de groupes et des évaluations pour la prise en charge, la co-animation de la programmation de groupes, les évaluations individuelles pour la prise en charge et la gestion de cas, les recherches sur chaque objectif d'apprentissage, l'acquisition de la formation pertinente, la rédaction d'un journal et la réception de la supervision clinique. La thèse se termine par les répercussions pour l'exercice du service social.

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**Table of Contents**

Thesis Review .....	2
Abstract .....	3
French Abstract .....	4
Acknowledgments .....	5
Table of Contents .....	6
Table of Figures.....	7
Introduction .....	8-11
Chapter 1 - Literature Review.....	12-33
Chapter 2 - Process of the Advanced Practicum.....	34-43
Chapter 3 – Critical Reflection.....	44-60
Chapter 4 - Conclusion.....	61-73
References.....	74-83

**Table of Figures**

Figure 1.....49

Figure 2.....52

## **Introduction**

Problematic substance use is a prevalent issue globally, one out of every twelve people experience problematic substance use (Miller, Forcehimes, & Zweben, 2011). Within Canada, approximately 21.6% of Canadians (about 6 million people) meet the criteria for a substance use disorder during their lifetime (Statistics Canada, 2012). This criterion includes the abuse and/or dependence of alcohol and/or illicit drugs (Statistics Canada, 2012).

The harm reduction approach is a strategy used to support individuals who experience problematic substance uses who cannot pursue abstinence but who want to make changes (Government of Canada, 2018). Harm reduction aims to reduce the negative consequences of alcohol and illicit drug use by reducing risky behaviours, improving health, and providing education and connection to health and social services that support problematic substance use (Government of Canada, 2018). In this Advanced Practicum Thesis, the harm reduction approach will be described to provide an understanding of its strengths and critiques and the implications this has for social work practice, specifically those working in the field of problematic substance use, and mental health.

Cognitive Behavioural Therapy (CBT) is an effective practice approach for supporting individuals who experience problematic substance use (Baker, Thornton, Hiles, Hides, & Lubman, 2012). CBT is a structured psychotherapy that is focused on solving current problems individuals are currently experiencing by mainly teaching individuals to understand and recognize their patterns of emotions, thoughts, physical reactions, and behaviours that were imbedded throughout their development (Beck, 2011). The goal of CBT is to help individuals who experience problematic substance use to learn coping skills, alternative behaviours, and relapse prevention (Beck 2011; Logan & Marlatt, 2010; Niknejad & Farnam, 2015).



Clinical supervision is an important part of social work practice and contributes to the continuous development and strengthening of an individual's social work practice (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). The goal of clinical supervision for students is to learn to have self-accountability, be responsible for creating their learning goals and pursuing them. A clinical supervisor provides guidance and support throughout a student's field practicum (Bogo & McKnight, 2006; Saarikoski, 2017).

The Advanced Practicum Thesis is a critical analysis of the practices developed during my Advanced Practicum. The practices developed were regarding the learning goals established for the Advanced Practicum. My interest in problematic substance use and mental health stemmed during my final year of the Bachelor of Social Work (BSW) through Laurentian University. This interest continued to grow after I was successful in obtaining a job through Monarch Recovery Services in Sudbury upon becoming a Registered Social Worker (RSW). My first position at Monarch was as an Outreach Worker in the Addictions Supportive Housing Program (ASH). In this program, I worked in the community providing goal-based support and provided a rent-based subsidy to individuals to ensure basic needs were met for the clients within the program. These clients identified with experiencing problematic substance use and would typically be using an abstinence or harm reduction-based approach. The goal of the ASH Program was to provide clients with support and basic needs to assist in their efforts to change their experience with problematic substance use. The important piece of this program was that it was client centered in meeting clients where they were. The ASH program respected the client's goals by supporting them regardless of whether or not the social workers felt differently about their priorities. Through this experience I became increasingly interested in learning more about harm reduction and how it is supported. This resulted in me applying for the Master of Social

Work (MSW) program through Laurentian University with the aims of continuing my education to have the opportunity to pursue my learning goals.

The Advanced Practicum was completed through Health Sciences North with the Outpatient Addictions and Gambling Services program in the Mental Health and Addictions building located downtown Sudbury. The Advanced Practicum was completed from January tenth to April 30, 2019. My learning goals included:

1. Gain knowledge and experience about the harm reduction approach for problematic substance use.
2. Develop understanding and skills within cognitive behavioural therapy.
3. Gain clinical skills for Social Work practice.

Following the Introduction, Chapter One is a comprehensive literature review that discusses and summarizes research surrounding the three key learning goals for the Advanced Practicum. This chapter reviews both the strengths and critiques of the harm reduction approach, CBT, and clinical supervision. The chapter concludes with a summary of the literature review and the gained knowledge from the research. Chapter Two reviews the process of the Advanced Practicum. The chapter begins with a description of the Advanced Practicum environment, the location, a description of the program, and the clinicians on the team. The agreement with the agency is reviewed and discussed, which included the tasks and responsibilities I carried to meet my learning goals. Following this, my supervisor Wendy Pascoe MSW, RSW is introduced and her experiences within her social work career are discussed. The next section introduces my learning goals and the training plan for meeting the learning goals. Chapter Two concludes with the ethical considerations for pursuing the Advanced Practicum that were considered throughout this experience.

Chapter Three entails the critical reflection of the Advanced Practicum which is focused on the gained experience and clinical knowledge. The two self-reflexive strategies employed for this chapter were journal writing and receiving clinical supervision. The chapter begins with an introduction to journal writing and clinical supervision, and discusses the importance of these reflexive strategies to social work practice. The chapter concludes with a summary of the clinical knowledge gained based on the Advanced Practicum experience. Chapter four concludes the Advanced Practicum Thesis summarizing the outcomes of the Advanced Practicum. A comprehensive review of the implications for social work practice based on the Advanced Practicum and learning goals are considered and discussed, concluding with the implications that these considerations will have for my social work practice throughout my career. Finally, the chapter concludes with my final thoughts on the Advanced Practicum experience and goals for the future.

## **Chapter One – Literature Review**

In Canada, there is a growing concern with problematic substance use and the rising rates of overdose deaths. Statistics Canada (2012) reported that approximately 21.6% of Canadians (about 6 million people) met the criteria for a substance use disorder during their lifetime. Problematic substance use is often a lifelong challenge, and, for many, being abstinent is a difficult or impossible goal (McHugh, Hearon, & Otto, 2010). Canada is currently facing an opioid epidemic which has caused overdose deaths to increase drastically. In 2016, fentanyl was on the rise with 2,816 opioid related deaths occurring. This trend continued to increase, and from January 2018 to June 2018, 2,066 opioid related deaths occurred (Craig, 2019). Alcohol is another substance that has many negative consequences when its use is problematic (Canadian Institute for Health Information, 2017). In 2015 to 2016 there were roughly 77,000 hospitalizations due to problematic alcohol use, which is a higher rate than hospitalizations due to heart attacks within the one year (Canadian Institute for Health Information, 2017). Predominately, abstinence has been the dominant strategy used by problematic substance use professionals in supporting those who experience problematic substance use (Davis & Rosenberg, 2015). In recent years the harm reduction approach has been gaining more support as an accepted strategy (Davis & Rosenberg, 2015).

The aim of harm reduction is to decrease overdose rates and increase the health and safety of problematic substance use through different forms of harm reduction (Ministry of Health and Long-Term Care, 2018). Despite promising evidence, there is still apprehension towards increasing harm reduction services and programs (Davis & Rosenberg, 2015). With each approach taken to problematic substance use there are strengths and limitations, and the strength and limitations of harm reduction will be reviewed within this literature review. This thesis

begins with an introduction to harm reduction for problematic substance use, the history of the harm reduction approach and the implementation of programs and services, and harm reduction psychotherapy. Following this will be a review of the strengths, and critiques of harm reduction. Next, cognitive behavioural therapy (CBT) is introduced and discusses how CBT is used to support individuals who experience problematic substance use. Finally, journal writing, and clinical supervision are introduced and discussed as self-reflexive strategies for social work practice. These strategies convey the importance of clinical skills for social work practice and conclude with an introduction to interdisciplinary teams and the implication this has for clinical supervision.

### **Harm Reduction**

To begin, a few notes about the terminology within this literature review are defined. Problematic substance use is the term used within this literature review, and is defined as; “when someone uses drugs or alcohol in a harmful way that has negative effects on their health and life” (Government of Canada, 2019). The concept of problematic substance use is different from substance use. Substance use is not necessarily problematic; substances are used for many reasons such as socialization, relaxation, and personal enjoyment (Government of Canada, 2018). Many individuals can part take in substance use without facing any negative consequences (Government of Canada, 2018).

To provide context to the negative consequences that individuals experience with problematic substance use, diagnostic criterion within the Diagnostic and Statistical Manual of Mental Disorders (DSM) will also be reviewed, however acknowledging that different terminology is used (American Psychiatric Association, 2013). The DSM defined a substance use disorder as, “a cluster of cognitive, behavioural, and physiological symptoms indicating that

the individual continues using the substance despite significant substance-related problems” (American Psychiatric Association, 2013, p. 483). The criterion for a substance use disorder has changed with the new edition of the DSM (American Psychiatric Association, 2013). There is now a continuum which ranges from mild to severe, depending on how many symptoms an individual has (American Psychiatric Association, 2013, p.484). Previously, symptoms were considered to determine a substance use disorder that was either ‘abuse’ or ‘dependence’ (Wenzel, Liese, Beck & Freidman-Wheeler, 2012, p.4). The new edition of the DSM provides a continuum to substance use disorders, which acknowledges that a substance use disorder can fall outside of these two terms (American Psychiatric Association, 2013).

The term harm reduction was created in Europe in the 1980s as a public health approach to decrease problematic substance use behaviours and support individuals who inject substances (Vakharia & Little, 2017). The Ministry of Health and Long-Term Care (2018) refers to harm reduction as "policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing substance consumption" (p.15). The primary goals of the harm reduction approach include safer substance use, especially for injection substance users, an increase of individuals connecting to community programs, increases in individuals attending residential treatment programs, decreased substance use overdoses, decreased burden on the health care system, and reduced drug related infectious diseases (Ontario Harm Reduction Distribution Program, 2019). Overall, there are many different forms of harm reduction which aim to create improvements for individuals who experience problematic substance use, which is dependent on individual aspects. For these reasons, the harm reduction approach is an individualized approach to problematic substance use because the end goal is not always the same. Compared to

abstinence where the goal is to abstain from all substances, with harm reduction, it depends on the individual's goals and preferred outcomes. There are many harm reduction approaches used in supporting problematic substance use. These approaches include safe injection sites, needle exchange programs, naloxone kits, methadone maintenance therapy, managed alcohol programs, and harm reduction therapy treatment programs. The harm reduction philosophy has roots in public health (Hawk, Vaca, & D' Onofrio, 2015). Many of the objectives for harm reduction are to reduce the negative health consequences associated with problematic substance use which provides a medical aspect to harm reduction (Hawk et al., 2015).

For any interventions to be effective such as interventions for problematic substance use, it must be relevant and respectful of social identity considerations and contexts such as race, culture, ethnicity, and sexual orientation. Habibia, Sobhi-Gharamaleki, and Bermas (2011) acknowledged the need for harm reduction for specific populations stating, "In the past, problematic substance use was considered a felony. In the present, the experts believe that immediate quitting and speedy and complete recovery of addicts who face different cultural, economic, and social problems is not viable" (p.1545). For instance, experiences that Indigenous people have had that have resulted in the loss of their traditional way of life have negatively impacted their health and well-being, contributing to the increase of problematic substance use within Indigenous communities and Indigenous people (Dell & Lyons, 2007). Therefore, there needs to be interventions that are considerate of these aspects, and because of this, there are harm reduction programs that are designed with cultural considerations for Indigenous people, such as non-hierarchal programs (Dell & Lyons, 2007). Another example is programs for Indigenous women, such as the Sheway Harm Reduction Program (Dell & Lyons, 2007). Indigenous women experience higher rates of violence, sexual harassment, inequality, and poverty in Canada (Dell

& Lyons, 2007). Sheway is designed to provide cultural appropriate services by employing a traditional informal approach to the program by removing the hierarchy and authoritative approach traditionally used in treatment programs (Dell & Lyons, 2007). These are important considerations when reviewing harm reduction as Indigenous people make up a large percentage of those who experience problematic substance use, and there needs to be cultural considerations to ensure they receive the support required to succeed (Dell & Lyons, 2007).

The history of the implementation of harm reduction programs and services within Canada illustrates that there have been positive strides in implementing harm reduction as an approach towards problematic substance use (Wild et al., 2017). While there has been progress in increasing harm reduction strategies, historically, there is still apprehension towards increasing harm reduction services and programs (Hyshka et al., 2019). This apprehension stems partly from stigma towards using harm reduction as a strategy to support problematic substance use (Hyshka et al., 2019). Despite this, Canada is viewed as one of the leaders in the development and implementation of harm reduction. Canada was one of the first countries to offer clean needle distribution programs following Europe's lead (Wild et al., 2017). In 1989, the first needle/syringe program opened through the Toronto Public Health Unit, and, as a result of that, in 2012 all of the existing 36 Health Units in Ontario implemented needle/syringe programs, which in turn, helped to distribute a total of 2.5 million cookers and needles/syringes to promote safer substance use (Ontario Harm Reduction Distribution Program, 2019).

In 2003, InSite, the first safe injection site in North America opened in downtown Vancouver while the former Liberal government was in power (Craig, 2019). In 2006, after the conservative government gained power, harm reduction was removed from Canada's anti-drug policy. Based on this, InSite fell under the threat of being shut down. In 2007, information about



harm reduction was removed from Health Canada's website (Craig, 2019). In 2011, the Conservative government lost in Supreme Court and they were unable to shut down InSite. Legislation was still put into place causing difficulties for any new harm reduction services to open (Craig, 2019).

While there has been an increase in support of harm reduction in Canada, more recently, there have been drawbacks as well. The resistance towards harm reduction resumes today. For example, Ontario's Premier, Doug Ford, has stated that he does not support harm reduction services such as safe injection sites (The Canadian Press, 2018). Ford argued that rehabilitation to achieve abstinence should be the focus (The Canadian Press, 2018). Previous Ontario Premier, Kathleen Wynne, promised to put \$222 million towards harm reduction strategies in Ontario, but this has been suspended by Ford (The Canadian Press, 2018). Also, with the new cannabis legalization in Canada on June 21<sup>st</sup>, 2018, there has been increased discussion surrounding harm reduction in Canada. The legalization of cannabis did not reduce the health risks and/or harms of cannabis; however, it gave Canadian governments an opportunity to be able to alleviate some of the risks associated with illicit drug use such as health consequences, social consequences, and economic consequences (Canadian Nurses Association, 2017).

Decriminalization is another harm reduction strategy in supporting those who experience problematic substance use. Portugal decriminalized all drugs in 2001 (Aleem, 2015). A 2015 report revealed that Portugal has the second lowest drug overdose rate of the 31 European countries that were included in the study, with a result of three drug induced deaths per one-million from substance use (Aleem, 2015). Upon inquiry about other harm reduction strategies, Prime Minister Justin Trudeau of Canada has stated that, "we're not looking at decriminalization or legalization of any other drugs other than what we're doing with marijuana" (Lupick, 2018).

Trudeau has stated that he has made harm reduction one of his priorities for responding to Canada's opioid crisis (Lupick, 2018). In response, Bonnie Henry, British Columbia's Chief Public Health Officer, has recently called for the decriminalization of all drugs to support the opioid crisis (Woo, 2019). Henry argued that the criminalization of drugs caused a stigma, which can result in increased isolated use, increasing overdose statistics (Woo, 2019). Henry argued that decriminalization will support harm reduction initiatives to decrease risky substance use, such as isolated substance use (Woo, 2019). The call for the decriminalization of all drugs is important to consider when reviewing harm reduction strategies. Next, to conclude this introduction to harm reduction will be the introduction to harm reduction psychotherapy, which provides context into the principles of harm reduction.

Harm reduction psychotherapy was attributed to Andrew Tatarsky in 1998, originally written in the *Journal of Clinical Psychology* (Tatarsky & Marlatt, 2010). The harm reduction paradigm is compassionate and understands the importance of accepting that many individuals who experience problematic substance use may never completely stop using substances and putting themselves at risk of negative consequences of substance use (Tatarsky & Marlatt, 2010). Harm reduction is viewed as having a human rights perspective because it is focused on marginalized groups of people (Tatarsky & Marlatt, 2010). Many individuals who experience problematic substance use do have goals of reducing the negative aspects and/or consequences associated with their use (Tatarsky & Marlatt, 2010). Many would like to gain back self-control and be able to not fully eliminate the substance from their lives (Tatarsky & Marlatt, 2010). Historically the idea of not wanting to pursue an abstinence-based approach to problematic substance use could be identified as denial; the idea with harm reduction is that it allows individuals to identify their goals (Tatarsky & Marlatt, 2010). With the harm reduction approach

there is an understanding of the diverse experiences that individuals have with problematic substance use; it is necessary to ensure flexibility within the treatment approach (Tatarsky & Marlatt, 2010). The developments that supported an increased harm reduction approach implementation were based on four aspects: a shift towards treating problematic substance use rather than punishment; increased education surrounding concurrent disorders and the effects substance use has for them; an increase in evidence-based practice; and finally, new promises from administration to support evidence over ideologies (Tatarsky & Marlatt, 2010). Overall, Canada's history with harm reduction as an approach to problematic substance use demonstrates the strides and struggles there have been in implementing harm reduction as a strategic response to problematic substance use. Next the literature review will review the strengths of harm reduction.

### **Strengths of the Harm Reduction Approach**

The harm reduction approach has specific advantages for problematic substance use noted in the literature. The first strength being safer substance use by substituting harsher substances such as alcohol or illicit drugs with cannabis (Lau et al., 2015; Socias et al., 2017). Using a harm reduction approach increases the quality of life for individuals who experience problematic substance use (Collins et al., 2015). Also, harm reduction positively impacts the perceived stigmas and attitudes towards problematic substance use with both individuals who experience problematic substance use, and professionals who support this population (Davis & Rosenberg, 2012; Habibia et al., 2011) Finally, harm reduction is recognized as a cost-effective strategy to problematic substance use, reducing drug related transmission of infectious diseases such as human immunodeficiency viruses (HIV) (Ontario Harm Reduction Distribution Program 2019; Wilson, Donald, Shattock, Wilson, and Fraser-Hurt, 2015).

Safer substance use by substituting harsher substances has positive impacts for individuals who experience problematic substance use (Lau et al., 2015; Socias et al., 2017). For example, cannabis use as a form of harm reduction is used in replacement of other substances such as cocaine to decrease some of the negative consequences and risks associated with substance use (Lau et al., 2015; Socias et al., 2017). Also, cannabis use in place of other harsher substances such as illicit drugs reduces the frequency to which riskier substance use occurs, decreases cravings for illicit substances such as cocaine, and has less adverse side effects (Lau et al., 2015; Socias et al., 2017). Cannabis use is a form of harm reduction and is also found to have less negative side effects, consequences, less risk for developing dependence, and increased self regulation (Lau et al., 2015). Lau et al. (2015) reviewed research from the National Institute on Drug Abuse in the United States to understand the reasons why older adults used cannabis for harm reduction. Lau et al. (2015) claimed that instead of viewing cannabis as a gateway drug to increased dangerous substance use, cannabis should be viewed as a gateway drug out of dangerous substance use. Lau et al. (2015) demonstrated that many individuals who use cannabis as harm reduction feel pride in their abilities to have self-control in their use, increased self regulation, and were able to abstain from harsher substances (Lau et al., 2015). Cannabis as a substitute for illicit substances as a form of harm reduction is an effective strategy (Lau et al., 2015). Also, Socias et al., 2017 has suggested that cannabis, as a form of harm reduction, could support in releasing cocaine cravings and urges. Socias et al. (2017) studied Canadian individuals who chose to pursue intentional cannabis use as a harm reduction approach to decrease crack-cocaine use. The research was conducted from 2012 to 2015, with 122 participants included, and a total of 620 observations of individuals (Socias et al., 2017). Socias et al. (2017) found that after a period of intentional cannabis use, there was decreased use of

crack cocaine. The results indicated that there was a reduced frequency; however, there was no decrease of intentional use periods for crack-cocaine use (Socias et al., 2017). There was a decrease in the crack-cocaine use, and an increase in cannabis use; however, the cannabis use rates were higher for intentional use (Socias et al., 2017). A limitation within this research was that across Canada there is different socio-economic status. This could have potentially affected individuals' tendency to use crack-cocaine, based on financial ability (Socias et al., 2017). Overall, safer substance use as a form of harm reduction does have positive impacts for individuals (Lau et al., 2015; Socias et al., 2017).

Problematic substance use has negative impacts for individuals, often affecting all areas of their lives. Harm reduction can increase the quality of life for individuals who experience problematic substance use by reducing their substance use and also reducing some of the negative consequences associated with their substance use, such as homelessness (Collins et al. 2015). Collins et al. (2015) conducted a twelve-week experiment to measure the outcomes of those who were homeless and experiencing problematic substance use, who received harm reduction medication Naltrexone, and counselling. Collins et al. (2015) suggested that harm reduction could increase the quality of life for someone who experiences problematic substance use. Collins et al. (2015) indicated that individuals who participated in a harm reduction program that were provided support for problematic substance use and were homeless, improved their quality of life. Collins et al. (2015) believed that specific populations who are suffering from multiple issues need to have specific research regarding the effective approaches to utilize. During the research, the participants identified their goals, and, on a weekly basis, reviewed them with the researchers to determine if progress was being made towards their goals (Collins et al., 2015). Overall, the research determined that participants consistently reported that they had

continuously reduced their alcohol intake and reduced their consequences of alcohol use (Collins et al., 2015). Also, participants of the study began creating new goals during the treatment (Collins et al., 2015). This research helped to confirm that individuals who cannot pursue abstinence, and who experience other challenges associated with their problematic substance use, can benefit from the harm reduction approach (Collins et al., 2015).

Harm reduction as an approach to problematic substance use impacts more than decreased substance use; it also improves the perceived stigmas and attitudes towards problematic substance use (Davis & Rosenberg, 2012; Habibia et al., 2011). Habibia et al. (2011) examined injection drug users in Iran, who were using a harm reduction program to study the effects that harm reduction has on their attitudes towards problematic substance use and behaviour. The study involved 120 participants who were asked to complete a questionnaire (Habibia et al., 2011). Sixty participants were in the experimental group who received harm reduction interventions and the other 60 were in a control group that did not receive harm reduction interventions (Habibia, et al., 2011). Coping skills increased and substance use tendency decreased with the group that received harm reduction services, showing that zero percent of the experimental group sought illicit drugs as a solution to their problems, while 50% of the control group did seek out illicit drugs as a solution to their problems (Habibia et al., 2011). For substance use, the untrained control group scored 48% for large use tendency, while the trained experimental group scored 60% for very small substance use (Habibia et al., 2011). Finally, for illegal activity, the untrained control group scored 82%, while the trained experimental group scored 22% (Habibia et al., 2011). Overall, harm reduction services for individuals who experience problematic substance use has positive impacts towards perceived

negative attitudes, increases coping skills, decreased substance use, and less risky behaviours such as illegal activity (Habibia et al. 2011).

Professionals who work within the field of problematic substance use have fewer negative perceptions and higher acceptance rates of harm reduction (Davis & Rosenberg, 2012). Davis & Rosenberg (2012) researched professionals in the United States on their attitudes towards non-abstinence goals for problematic substance use. The study included a sample size of 913 addiction professionals who completed web-based surveys (Davis & Rosenberg, 2012). The results showed that in some cases, problematic substance use professionals were generally accepting of harm reduction as a goal for changing problematic substance use. Specifically, 50% of the respondents were accepting of their clients choosing non-abstinence for their intermediate goal towards alcohol and/or illicit drug use (Davis & Rosenberg, 2012). Smaller portions of problematic substance use professionals viewed non-abstinence goals as acceptable final outcomes goals for clients with illicit drug use, showing an average of 33% who agreed (Davis & Rosenberg, 2012). Smaller portions accepted non-abstinence-based goals for clients with dependence (Davis & Rosenberg, 2012). The reason for this resistance was based on beliefs that allowing non-abstinence would send the wrong message; that non-abstinence is not effective; and that non-abstinence would not be within their philosophy of treatment (Davis & Rosenberg, 2012).

Finally, harm reduction is also recognized as a cost-effective strategy to problematic substance use, one effect being the reduced drug related transmission of infectious diseases (Ontario Harm Reduction Distribution Program, 2019). Wilson et al. (2015) reviewed evidence in existing literature that demonstrated the cost effectiveness of harm reduction, specifically for injection drug users and HIV outcomes. Globally, HIV prevalence among problematic substance

use is roughly 19% and the costs associated with treating this virus are high (Wilson et al., 2015). Wilson et al. (2015) specifically reviewed existing literature on the effectiveness of needle-syringe programs, opioid substitution therapy, and antiretroviral (HIV medicine) therapy. Each of these harm reduction strategies was found to be effective short term in reducing the risk of developing HIV transmission and overdose deaths (Wilson et al., 2015). To increase the effectiveness and cost-effectiveness of harm reduction, there should be more than partial approaches to problematic substance use (Wilson et al., 2015). There should be a combination of harm reduction approaches for problematic substance use. This would create longer-term benefits for individuals and for society (Wilson et al., 2015). The following section will now review the critiques to harm reduction for problematic substance use.

### **Critiques of Harm Reduction**

There are some limitations associated with the harm reduction approach. Roe (2005) critically reviewed harm reduction explaining that harm reduction can contribute in extending the notion of the disease model of addiction by placing a label on individuals who experience problematic substance use as having 'permanent' dependence on substances (Roe, 2005). This label of permanence is not accurate as there are some who do pursue abstinence and succeed, while some can pursue harm reduction temporarily and then improve their substance use (Roe, 2005). Harm reduction claims to take an approach that it will address the social and medical costs associated with problematic substance use (Roe, 2005). This can be seen as excusing the abstinence-based approach from addressing issues associated with problematic substance use, and omitting the abstinence-based model from taking any responsibility for social and medical costs (Roe, 2005). Finally, harm reduction can be viewed as accepting of all circumstances for this population, including the oppressive factors that contribute to an individual's problematic



substance use (Roe, 2005). Roe (2005) concluded by acknowledging the importance of harm reduction and the health benefits it can have on individuals and society. Roe (2005) recommended that harm reduction needs to also be focused on the social and political components, not only the individual components. This article is one of the few that exist that specifically critique the harm reduction approach. While it is 19 years dated, it makes inferences that are still relevant today for the harm reduction approach. This literature review has discussed the strengths of the harm reduction approach as well as the critiques. From this literature review it can be seen that currently there is a plethora of recent literature on the strengths of harm reduction, and a limited amount of recent literature focused on the critiques of harm reduction.

### **Cognitive Behavioural Therapy**

Individuals who experience problematic substance use often turn to professionals, including social workers, to gain support in making positive changes in their lives. It is important to know which therapeutic approaches are most effective for supporting people with problematic substance use. Cognitive behavioural therapy (CBT) is a form of psychotherapy and is an effective practice approach for supporting those who experience problematic substance use (Beck 2011; Logan & Marlatt, 2010). Within this section, there is an introduction to CBT which discusses the strengths and critiques of this practice approach, and acknowledges when CBT is not an appropriate practice approach. This will be followed by a review of the different advantages to delivering CBT individually and in group settings.

CBT is an evidenced-based practice approach that is often used within problematic substance use (Beck 2011; Logan & Marlatt, 2010). CBT originally was developed and labelled as ‘cognitive therapy’ by Aaron Beck (Beck, 2011). When CBT initially was developed, it was viewed as a revolution for the mental health sector and effective with treating problematic

substance use (Beck, 2011). CBT is focused on solving current problems individuals are experiencing by mainly teaching individuals to understand and recognize their patterns of emotions, thoughts, physical reactions, and behaviours that were imbedded throughout their development (Beck, 2011). These patterns can be positive or negative, depending on their development (Beck, 2011). CBT is generally a short-term intervention that is focused on the present issues (Beck, 2011). The goal of CBT is used to help individuals learn coping skills, alternative behaviours, and relapse prevention (Beck 2011; Logan & Marlatt, 2010; Niknejad & Farnam, 2015).

The strengths of CBT are that it is cost effective, client centered, requires a therapeutic relationship, can be used with a large diversity of issues, and is effective in both individual and group settings (Beck, 2011). Also, CBT can increase individuals coping skills, increase motivation, and decrease relapse rates (Niknejad & Farnam, 2015). Niknejad and Farnam (2015) studied the effects of CBT practiced on individuals who experience problematic substance use with opiates. Niknejad and Farnam (2015) sought to discover the effectiveness that CBT would have on individuals coping skills, motivation, and relapse rates. The research was completed through experimental and control groups, where half of the participants received sixteen CBT sessions and the other half did not (Niknejad & Farnam, 2015). The results showed that the group that received CBT had much higher results of increased coping skills, motivation, and a reduction of drug use dosage (Niknejad & Farnam, 2015).

CBT is effective in individual and group settings (Beck 2011; Wenzel et al., 2012). Originally CBT was delivered individually; however, in the 1990's, CBT was introduced in group settings and was found to be effective, offering additional benefits that are not present in individual settings, such as individuals learning from their peers in group (Wenzel et al., 2012).

Cognitive Therapy Addictions Groups (CTAG) is a group-based treatment approach to problematic substance use that is based in CBT and is an effective approach in supporting problematic substance use in a group setting (Wenzel et al., 2012). CTAG's are designed to invite people who are at different phases in their problematic substance use, whether that be active use, harm reduction, or abstinence (Wenzel et al., 2012). The characteristics of CTAG's are based on CBT principles being; structure, collaboration, case conceptualization, psycho education, and specific techniques (Liese & Tripp, 2018; Wenzel et al., 2012). Overall, CBT is effective in both individual and group settings, both offering unique benefits (Wenzel et al., 2012).

There are some critiques to CBT that acknowledge when it is not an effective approach. McHugh et al. (2010) completed a literature review on CBT for problematic substance use, reviewing evidence that supports CBT, and evidence that discussed and identified the challenges to CBT for problematic substance use. For example, depending on the individual and their circumstances, such as cognitive deficits, medical problems, social stressors, and lack of social resources, CBT may not be effective (McHugh et al., 2010). McHugh et al. (2010) concluded arguing that CBT continues to be used to expand the focus from the immediate moment, as these are the most optimal times for clients to succeed when they are receiving treatment.

### **Journal Writing for Reflexive Practice**

As per the Ontario College of Social Workers and Social Service Workers Code of Ethics (OCSWSSW) (2008), social workers are expected to continuously use self-reflexive practices to maintain their competency for practice. Journal writing is a tool often used to assist social work students in building their self-reflexive and critical thinking skills in preparation for social work practice (Gursansky, Quinn, & Sueur, 2010). While self-reflecting practices should be continued

after education, as it is a crucial component to social work practice, beginning journal writing during field practicums is very important (Autry & Walker, 2011). Journal writing is valuable for increasing self-reflection skills with social work students (Bruno & Dell'Aversana, 2017; Toros & Medar, 2015). Students that practice journal writing throughout their curriculum and field practicums find improved personal awareness and a formed professional identity (Bruno & Dell'Aversana, 2017; Toros & Medar, 2015). Also, students who use journal writing to reflect on their academic experiences during field practicums can learn the value of practicing self-reflection (Toros & Medar, 2015). This is because journal writing promotes linking theory to practice, and students have a better quality of learning, which improves their social work practice (Bruno & Dell'Aversana, 2017).

Overall, it is important for social work students that self-reflective practices are present throughout their education to support students in gaining self-reflexive skills and critical thinking skills (Toros & Medar, 2015). These skills support social work students and new graduates in increasing and maintaining their competency throughout their career, positively impacting social work practice (Mirabito, 2012). Journal writing is one form of practicing self-reflection; clinical supervision is another strategy. I experienced both of these in my MSW Advanced Practicum. The following section introduces clinical supervision and the importance of receiving clinical supervision during social work education, and continuing to bring forth these critical thinking skills to professional social work practice.

### **Clinical Supervision in Social Work Practice**

This final section of the literature review is focused on clinical supervision for social work practice. It will begin by introducing clinical supervision and discuss the implications it has

for field practicums for social work students, and for professionals working in the field. Following this, the role of the clinical supervisor and the student are discussed. Also, the increasing challenges presented for providing clinical supervision are also discussed. Finally, this section will conclude with an introduction of interdisciplinary teams and the implications that this has for social work practice and clinical supervision.

Clinical supervision is an important part of social work practice and contributes to the continuous development and strengthening of an individual's social work practice (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). The goal of clinical supervision is to provide professional judgement, clinical knowledge and skills, and critical self-reflection (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). Also, clinical supervision increases social workers' understanding of social work values and the code of ethics in social work practice, knowledge about the organization, as well as the community that is being serviced, and other available resources (Ontario Association of Social Workers, 2016).

Clinical supervision is a crucial part of field practicums for students (Bogo, 2015; Bogo & McKnight, 2006; Davys & Beddoe, 2015). For social work students who are working towards gaining clinical social work skills, most of their skills and knowledge are initially gained through field education, where theoretical perspectives that are learned in courses, are put into practice (Bogo, 2015; Bogo & McKnight, 2006). There are two key factors to clinical supervision; one is to maintain the focus on the student's experience and development, and to also provide their own expertise (Davys & Beddoe, 2015; Ontario Association of Social Workers, 2016). During clinical supervision, students learn to have self-accountability, being responsible for creating their learning goals and pursuing them, and their supervisor provides guidance and support throughout their field practicum (Bogo & McKnight, 2006; Saarikoski, 2017). When social

workers are gaining clinical experience, they are becoming prepared to work in environments where they can assess clients and determine whether short term, crisis interventions are appropriate, or if in-depth bio-psychosocial assessments are required (Mirabito, 2012).

There are challenges associated with receiving clinical supervision today (Cleak & Zuchowski, 2018; O'Donoghue, 2015). The changes for individuals in supervisory roles often result from having a multitude of roles and responsibilities (O'Donoghue, 2015). These changes result in the challenges of ensuring there is clinical supervision for social work practitioners and their social work practice (O'Donoghue, 2015). For social work students, Cleak and Zuchowski (2018) argued that there is an increasing pressure to find and provide appropriate practicums. Challenges such as fiscal pressures and managerial cutbacks, increased student numbers, and increased competition between education providers has contributed to the challenge of ensuring all students are provided with high quality learning and experiences (Cleak & Zuchowski, 2018). It is important that universities continue to strive for social work students to receive clinical supervision during their field practicums as clinical supervision helps social workers persevere their profession-specific skills, and helps social workers mold an identity for themselves within interdisciplinary teams, especially for new graduates (Strong et al., 2004).

Another challenge that is being presented for social work students is the increasing difficulty in securing clinical supervisors for their field practicums (Cleak & Zuchowski, 2018). Traditional one-to-one supervision is an important part of social work field practicums because it provides students with the hands-on learning experience that enhances skill and competency for social work practice (Cleak & Zuchowski, 2018). Universities are turning to different forms of supervision for students such as external supervision, group supervision, rotational supervision, and co-supervision (Cleak & Zuchowski, 2018). Cleak and Zuchowski (2018) reviewed these

forms of supervision in comparison to the traditional one-to-one form of supervision using Marion Bogo's (2015) list of five crucial components of field practicums. These five components being a positive learning environment, collaborative relationships, opportunities for students to observe and debrief, multiple opportunities to actually practice, and students taking a role in the delivery of education, so that the learning is based on mutual reflective dialogues in which both the supervisor and student participate in a range of learning processes such as linking theory to practice and coaching to enhance the learning experience (Bogo, 2015). Overall, while there are some positive aspects to each form of supervision, traditional one-to-one supervision is preferred as with alternative supervision there may be a compromise in the quality of the learning that students have (Cleak & Zuchowski, 2018). Clinical supervision is increasingly recognized within mental health and problematic substance use settings to ensure that interventions being taken with clients are the most effective (Bogo, Paterson, Tufford, & King, 2011; Toit & Honey, 2018).

### **Interdisciplinary Teams**

In mental health and problematic substance use settings, there are often interdisciplinary teams, and social workers are increasingly becoming exposed to interprofessional supervision (Bogo et al., 2011). Interdisciplinary teams are defined as:

A dynamic process involving two or more health professionals with complementary backgrounds and skills, sharing common health goals and exercising concerted physical and mental effort in assessing, planning, or evaluating patient care. This is accomplished through interdependent collaboration, open communication and shared decision-making. This in turn generates value-added patient, organizational and staff outcomes (Xyrichis & Ream, 2007, p. 238).

Interdisciplinary teams are increasingly being used in settings to provide a wholistic approach in health care settings (Bogo et al., 2011; Toit & Honey, 2018). Toit and Honey (2018) argued that interprofessional education is an important part of education for future health care professionals. The World Health Organization (2010) stated that, "interprofessional education occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes" (p. 13). There are important considerations for preparing students for interdisciplinary teams such as interprofessional education and training because it teaches students about other professions, and prepares them for interdisciplinary working environments. Students who are given limited opportunities to have interactions and experiences with other professions are noted to have a lack of clarity on what their roles are (Toit & Honey, 2018). This also contributed to students having stereotyped views of other professions (Toit & Honey, 2018). Bogo et al. (2011) argued that new graduates working in interdisciplinary settings need to learn how to gather clinical supervision and support through professions outside of social work.

Social workers often prefer to receive clinical supervision from others in the same social work profession, and this results in greater job satisfaction (Bogo et al., 2011). New social work graduates are increasingly more open to the concept of receiving clinical supervision in interdisciplinary settings where the clinical supervisor may be from a different profession (Bogo et al., 2011). Group supervision has also been found to be a positive experience as it provides group learning and understanding for each other's roles and has also been found to reduce isolation and increase communication within teams (Bogo & McKnight, 2006). Clinical supervision is an important aspect to social



work practice. It is important for social work students and new graduates to receive clinical supervision to continue their development towards becoming competent social workers.

### **Summary**

This literature review provided context into the effectiveness of the harm reduction approach in response to problematic substance use and the role of reflexivity, journal writing, clinical supervision, and working as part of an interdisciplinary team in social work practice. It has discussed harm reduction for problematic substance use as it is effective for individuals who cannot commit to abstinence temporarily, or even permanently (Wild et al., 2017). Harm reduction can include abstinence, and it can be the long-term goal for individuals. CBT is an effective practice approach for supporting those who experience problematic substance use (Beck, 2011; Logan & Marlatt, 2010) recognizing that it has both strengths and challenges. Reflexivity is an important component to social work practice (OCSWSSW, 2008). There are different strategies towards practicing self-reflection. This chapter has discussed both journal writing and clinical supervision. Social workers often work as part of an interdisciplinary team and this chapter has discussed the importance of understanding my role in this.

## **Chapter Two – Process of the Advanced Practicum**

Chapter Two reviews the different components of the Advanced Practicum such as the environment of the Advanced Practicum, the agreement with the agency, the supervision agreement, and the training plan and learning goals. This chapter will conclude with ethical considerations as a Registered Social Worker and a Master of Social Work student. I completed my Advanced Practicum at the Outpatient Addictions and Gambling Services (OAGS) program through Health Sciences North, located on 127 Cedar Street, working from January tenth, 2019, to April 30, 2019.

### **Description of the Advanced Practicum Environment**

The Outpatient Addictions and Gambling Services (OAGS) Program is located in Sudbury, at 127 Cedar Street, on the second floor of the building. It is an office setting with individual offices and group programming areas. The population who utilize this program are individuals from the Greater Sudbury community who identify as experiencing problematic substance use and are 16 years and older, however exceptions can be made for those who are as young as 14 years. Clients are not required to identify with experiencing problematic substance use. They may just be curious in learning more about changes in their substance use. This is a voluntary participation program. Some individuals may be mandated through the court system for various reasons to attend, however, depending on individual circumstances they decide whether they will attend the program or not. This means that although some individuals are mandated to participate in the OAGS program, they ultimately may choose not to attend. This can result in negative consequences for them, such as probation and/or sentencing of jail time depending on the individual's circumstances. This program services roughly 300 clients per month, where they run eight to ten groups a week depending on the schedule and demand at that time. The OAGS

program is an interdisciplinary team that consists of; a clinical team lead, three Registered Social Workers (two holding a Bachelor of Social Work, one holding a Master of Social Work), a Registered Nurse, a Psychologist, and a consulting Psychiatrist. I was the only student with the team during this time.

The program provides various group-based treatment programs as well as individual support. The primary treatment groups are the Treatment Initiation Group and Phase One Treatment program. The Treatment Initiation Group is a three session group aimed at providing psychoeducation on problematic substance use; promoting self-reflection to determine if there is anything that the individual would like to change, and to also identify what this change would look like; and finally, motivational enhancement is used to support individuals in increasing their motivations for change. Then, if clients feel as though they would like to make changes to their substance use and have support through this process, they are enrolled in the Phase One Treatment program.

The Phase One Treatment program is the core programming at the OAGS program that runs for twelve sessions. Initially in the Phase One Treatment program individuals are asked to identify what their goal is in terms of outcomes from participating in the program. Throughout the twelve sessions clients are taught coping skills and tools for harm reduction, grounded primarily in CBT. Each week sessions end with assigned homework that is around their individual substance use goal, and around practicing the new coping skill that was taught in the day's session. In the next group session, clients then complete a check in around these goals to discuss their success and/or challenges that they experienced. There are instances where clients can go directly into the Phase One Treatment program. This occurs when clients attend the OAGS program and are viewed as progressive in their motivation and changes. These

individuals typically have already identified goals, made some changes, and are either looking to make more changes, or maintain their changes and are looking for support. Overall, these are the core group programs with the OAGS program and depending on individual aspects, some exceptions are made with the client's best interests in mind.

There are also individual sessions upon request, and occasional groups such as Gambling Treatment, Seeking Safety, Concurrent Disorders, Healthy Relationships, and a Yoga Group. The OAGS program includes a strength-based approach that involves motivational enhancement therapy and is mainly grounded in CBT. The aim is to encourage clients to take the lead in creating goals and changes for their substance use. It is important to understand the specific challenges that these individuals may experience, and the effects that this may have for these individuals participating in the program, such as mental health issues. The OAGS program often works with individuals who have concurrent disorders. Statistics Canada (2017) defined concurrent disorders as the simultaneous occurrence of mental health disorders and substance use issues. In 2012, an estimated 1.2% of Canadians, (about 282,000 people) experienced concurrent mental health disorders and problematic substance use (Statistics Canada, 2017). This is an important consideration for the OAGS program as the aim is to understand and support clients, ensuring that all aspects under the bio-psychosocial model are considered. Another important aspect to the OAGS program is the support they offer in providing clients assistance with referrals to other programs that could be of higher priority for them at that time. For example, residential treatment programs or the Mood and Anxiety Program through Health Sciences North are often considered in treatment planning with clients who attend the OAGS program for intake assessments and throughout their programming.

### **Agreement with the Agency**

The agreement made with my Advanced Practicum supervisor Wendy Pascoe, MSW, RSW, was to work full time for the entirety of my Advanced Practicum. This provided better context into how the OAGS program functions day to day. During the Advanced Practicum, I was enrolled in three courses at Laurentian University, and on the dates of these courses I arranged to be away from the Advanced Practicum. Wendy Pascoe MSW, RSW was away on training for two weeks in March. I organized my schedule in advance with my supervisor in preparation for this time. I worked with the team lead and other clinicians to ensure that I was provided proper supervision and support in her absence. The Advanced Practicum had a routine and structure which complimented my learning goals for gaining experience and knowledge with harm reduction for problematic substance use, learning about CBT, gaining clinical experience, and receiving clinical supervision to continue developing clinical social work practice skills.

At the beginning of my Advanced Practicum with the OAGS program, I completed orientation to the program, and HSN. Also, training for the technological programs such as B-Care, and Meditech was completed for the purpose of client searching to read files as necessary and complete charting. Initially, I shadowed clinicians in group sessions and individual intake assessments. From these experiences I was able to grasp a diverse and rich understanding of how the OAGS program was structured, the eligibility criteria, and the approach taken with different populations, such as youth compared to adults. Each morning the interdisciplinary team for the OAGS program collected to complete a morning “huddle”. The purpose of this huddle was to communicate the daily groups occurring, and previous intake assessments that were completed. Also, any clinical issues that may have been experienced throughout the week were discussed as a team. Having an interdisciplinary team and being able to collectively work through the

developments of the program or individual clients was beneficial because it added different approaches and perspectives to the discussions that were had.

The groups that I participated in were the; Treatment Initiation Group, Phase One Group program, Concurrent Disorders, Healthy Relationships, and Yoga. In the Treatment Initiation Group, Phase One Group program, and Healthy Relationships group, I co-facilitated the material being presented which consisted of providing psychoeducation and group activities. Another important aspect to me co-facilitating groups was monitoring how the clients were responding during group sessions by paying attention to who was participating and who was potentially struggling. If a client was noted to potentially be struggling, the other co-facilitator and I would take the client aside at the end of the session and check in with them. During the Concurrent Disorders group and the Yoga group, I mainly monitored clients and shadowed the staff, as these were more complex groups that required more training.

Individually I conducted intake assessments that consisted of me and individual clients completing a questionnaire form. The purpose of this form was to gain a bio-psychosocial understanding of an individual's presenting challenges with problematic substance use, and discuss their goals for attending the OAGS program. The intake assessments would conclude with me and the individual client creating a treatment plan that was most effective for their presenting challenges and goals; which could also include external referrals outside of the OAGS program. There were also instances where I completed individualized treatment with clients and/or case management with clients. Individualized treatment with clients consisted of the same materials presented during group program, only presented individually. This was not offered regularly, but some instances required an individualized approach, such as a client's work schedule not allowing them to attend group programming, or clients who experienced high levels

of anxiety in group settings. Case management occurred when clients required additional support in between programming. Some clients were experiencing various challenges that resulted in them requesting additional support. Case management could include bi-weekly check-ins for added support, further psychoeducation, and goal setting, as well as external referrals.

### **Supervision**

Wendy Pascoe MSW, RSW agreed to be my supervisor for the duration of the Advanced Practicum with Health Sciences North's (HSN) OAGS program. Wendy Pascoe MSW, RSW provided support and guidance throughout the Advanced Practicum, specifically around my learning goals for harm reduction, CBT, and clinical supervision. Wendy Pascoe MSW, RSW is a Registered Social Worker who has a Bachelor of Science degree in Psychology and a Master of Social Work degree, both from the University of Toronto, and is a diplomate of the Academy of Cognitive Therapy. Wendy Pascoe MSW, RSW has worked as a Social Worker in Ontario, Alberta, and British Columbia. The early part of Wendy Pascoe's career was primarily divided between working with individuals with disabilities and establishing and running a community college social service worker program. Since 1999, Wendy Pascoe MSW, RSW has worked in Sudbury's mental health sector both through HSN and through the North East Mental Health Centre (NEMHC, formerly Network North). She has worked with diverse populations including children and adults with developmental disabilities and autism spectrum disorders (and their families), as well as those with severe mental illness, mood and anxiety disorders, eating disorders, and problematic substance use.

### **Training Plan and Learning Goals**

My social work practice style is predominantly a strengths-based approach. I have learned that many people will never be ready to be abstinent in their substance use issues. This

does not mean that we should not work to support these individuals or provide them with interventions that will promote their wellbeing, safety, and overall increase their quality of life. Within the realm of problematic substance use, abstinence is often viewed as the only solution (Drucker et al., 2016), however the harm reduction approach is just as effective as an abstinence approach in reducing the consumption of alcohol or illicit drugs, and any associated consequences (Marlatt & Witkiewitz, 2002). From my experiences thus far with treating problematic substance use, I became increasingly interested in harm reduction.

I identified three learning goals that formed my Advanced Practicum with Wendy Pascoe MSW, RSW. My primary goal was to gain more knowledge and understanding about harm reduction, and observe the effects harm reduction has for individuals who experience problematic substance use. This goal was met by initially shadowing Wendy Pascoe MSW, RSW and other clinicians on the OAGS program team such as other Registered Social Workers, Registered Nurses, and a Psychologist. I shadowed group programming, and intake assessments. Throughout the Advanced Practicum I began co-facilitating groups with Wendy Pascoe MSW, RSW and other clinicians. I co-facilitated the material being presented that consisted of providing psychoeducation and group activities, as well as monitoring clients during group sessions. I also individually conducted intake assessments, individualized treatment, and case management.

My next goal was to develop skills and experience with CBT. This goal was met by completing research and training on CBT and using this theoretical approach throughout programming. CBT is focused on solving current problems individuals are experiencing by mainly teaching them to understand and recognize their patterns of emotions, thoughts, physical reactions, and behaviours that were imbedded throughout their development (Beck, 2011). In



relation to the Advanced Practicum, I was keen to become knowledgeable and experienced in this practice approach for problematic substance use. Overall, I was interested in observing how this type of intervention would work to positively impact these individual's problematic substance use, and other aspects of their lives such as their mental health.

My final goal was to gain clinical skills for social work practice by receiving clinical supervision throughout the Advanced Practicum with the OAGS program. Clinical supervision provides professional judgement, clinical knowledge and skills, and critical self-reflection skills (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). These were important aspects for enhancing my clinical social work skills. I received clinical supervision from Wendy Pascoe MSW, RSW daily, as well as scheduled sessions for clinical supervision. Also, each morning the OAGS team had morning huddles to communicate and reflect on programming, intake assessments, and any clinical issues that may have arisen that also contributed to my learning.

### **Ethical Considerations**

As a Registered Social Worker with the Ontario College of Social Workers and Social Service Workers (OCSWSSW), I was aware of the ethical considerations involved in social work practice. I ensured that my practice during the Advanced Practicum followed the code of ethics and standards of practice of the OCSWSSW (2008). As a student, I had other ethical considerations to consider because the OAGS program served as a learning environment for me. This meant that I needed to represent myself as a Registered Social Worker, but also a student. I was always considering clients thoughts and comfortability levels towards having a student being a part of the treatment within their problematic substance use. Based on these considerations, at the beginning of each session with clients, I introduced myself as a Registered Social Worker,

and a student pursuing my MSW. I always ensured that clients were comfortable with this before proceeding with any individual sessions, such as intake assessments or case management. I also advised clients when I was not trained or equipped to conduct certain tasks with clients, such as Q3 training for residential treatment programs. Overall, no issues rose from me being a student at the OAGS program.

An ethical issue that did arise during my Advanced Practicum was a few instances when I personally knew clients who were registered in the group programming that I was co-facilitating at the OAGS program, this could cause these individuals and/or I to be uncomfortable. I always consulted with my supervisor Wendy Pascoe MSW, RSW and with the OAGS team. During any times where these specific individuals were going to be discussed, I removed myself from the room. Also, I was not involved with any services that these individuals received during their time with the OAGS program. I ensured that I communicated with these individual clients to address the conflict of interest based on the personal relationship and ensured them of their confidentiality within the program. I always explained that I would be excluded from all future participation in the program, which included accessing their charting, being part of any conversations that involved them, and excluding me from groups that they were registered in.

### **Conclusion**

In conclusion, I chose to pursue my MSW because I wanted to increase my confidence and skill level to support individuals who experience problematic substance use. Harm reduction became an interest of mine while working at the Women's Residential Treatment program at Monarch Recovery Services. While abstinence is within harm reduction, I wanted to work in and learn from an environment where harm reduction skills are taught and practiced with individuals who experience problematic substance use. Beginning my social work career at Monarch

Recovery Services, I was lacking confidence in my abilities to support the clients with whom I worked. I often found myself feeling lost in the direction that I was heading with clients, and lacked the knowledge, training, and experience with different theoretical perspectives. With the passion that I have for problematic substance use and mental health, I knew from the onset of being accepted to Laurentian University for the MSW program that I would pursue an Advanced Practicum. The Advanced Practicum offered me a learning environment to meet my learning goals being to; gain more knowledge and understanding about harm reduction, and the effects harm reduction has for individuals who experience problematic substance use; develop skills and experience with CBT by completing research and training on CBT and using this theoretical approach throughout programming; and finally, gain clinical skills for social work practice by receiving clinical supervision throughout the Advanced Practicum with the OAGS program.

Overall, this Advanced Practicum provided me the confidence to work within the realm of mental health and problematic substance use, grounding my social work practice in theoretical approaches such as CBT. The education and skills I have gained will serve useful to myself, my colleagues, and my clients throughout my social work career, wherever it may take me. My passion is to continue to support those who experience problematic substance use and mental health issues. Throughout my career it will be important to continue to develop my skills and knowledge to be a competent clinical social worker, now with a new appreciation and understanding as to why it is important for my practice.

In the next chapter, I will provide a critical reflection on my Advanced Practicum experiences.

### **Chapter Three – Critical Reflection**

Social workers are expected to continuously practice self-reflexive strategies to maintain their competence throughout their career, as per the Ontario College of Social Workers and Social Service Workers Code of Ethics (2008). As a strategy to introduce self-reflexive practice and gain self-critical skills, I practiced journal writing and received clinical supervision throughout the Advanced Practicum. The purpose of this chapter is to reflect on and discuss my learning and development throughout the Advanced Practicum. Journal writing resulted in gained critical perspectives, gained clinical knowledge and understanding of CBT, linked knowledge to CBT and problematic substance use, gained understanding of the Transtheoretical Model and Stages for Change, and gained understanding for working in an interdisciplinary setting. Clinical supervision resulted in gained assertiveness skills, gained knowledge and skills for effective practice, and a gained understanding of the self-criticisms and attitudes individuals hold towards practicing the harm reduction approach.

This chapter discusses the reflexive strategy of journal writing. Following this will be an introduction of clinical supervision, and also a discussion of the experience of receiving clinical supervision, and the learning outcomes that resulted. These two strategies were important for the Advanced Practicum because they enriched my learning by compelling me to self-reflect and analyze each experience had. These strategies were used to promote the practice of linking theory to practice, which is an important component to field practicums (Bogo, 2015). This chapter concludes by summarizing the outcome of this Advanced Practicum experience in relation to my learning goals and newly developed self-reflexive skills.

#### **Journal Writing**

Journal writing is a tool used to assist social work students in building their self-reflexive skills (Gursansky et al., 2010). This is an important practice to implement during the field practicum component of schooling because social work students who practice self reflective practices such as journal writing increase their personal and professional skills (Bruno & Dell'Aversana, 2017; Toros & Medar, 2015). After schooling, self-reflexive practices remain as a crucial aspect for social work practice and should be a continual practice throughout a social workers career (Autry & Walker, 2011). Throughout the Advanced Practicum I kept a journal that I wrote in frequently. I made notes when I had questions, revelations, or a learning experience. I would write in my journal after intake assessments, during group programing, during team meetings/huddles, and during clinical supervision. Reflected and discussed within this section will be, developing critical perspectives, learning CBT by completing activities, linking CBT to problematic substance use, analyzing the structure of the OAGS program, the Transtheoretical Model and Stages for Change, and working with an interdisciplinary team. Overall, journal writing strengthened my clinical skills and self-reflexive skills, and this chapter of critical reflection and discussion allowed me to view each experience during the Advanced Practicum through critical lenses and also connect theory to practice.

**Developing critical perspectives.** Journal writing was initially used to develop critical perspectives in relation to the learning goal of gaining more knowledge about the harm reduction approach for problematic substance use. These critical perspectives were present throughout the Advanced Practicum, which supported critical thinking for journal writing. I became familiar with the DSM (American Psychiatric Association, 2013) to gain a critical perspective in how the OAGS program described problematic substance use and the range of symptoms that individuals commonly experience. For example, this critical perspective was valuable while shadowing one

of the first groups that I attended, a Treatment Initiation Group. Throughout this group I wrote notes about my personal response to clients sharing their experiences with problematic substance use and the negative impacts that brought them to the OAGS program. By having critical perspectives from the DSM (American Psychiatric Association, 2013), I was able to gain a similar context that the clinicians, being the Registered Social Workers, Registered Nurses and Psychologist in the OAGS program had while they worked with clients regarding problematic substance use. This was also the starting point in my practice of connecting theory to practice.

I also began to read various clinical books and made notes of the new critical perspectives that were gained around problematic substance use. Based on Wendy Pascoe's suggestions, I read Marc Lewis novels, *Memoirs of an Addicted Brain* (2011), and *The Biology of Desire* (2015). Lewis is a Neuroscientist who has overcome his long-standing challenges with problematic substance use, which inspired his research towards understanding its neurological effects on the brain. Lewis (2015) discussed the importance of understanding problematic substance use not as a 'moral failing' but to become aware of all the individual circumstances that contribute to someone experiencing problematic substance use. Lewis' (2011; 2015) work challenged my assumptions with the disease model of problematic substance use. In the initial proposal for the Advanced Practicum I had made the claim that problematic substance use is a disease. However, through reading literature, research, and receiving clinical supervision, I learned there is many views towards problematic substance use, and ultimately there is not one singular cause. During clinical supervision with Wendy Pascoe MSW, RSW this claim was discussed. Wendy Pascoe MSW, RSW discussed the empathy involved in viewing problematic substance use as a disease, because it takes some of the blame away from the individual, suggesting that their problematic substance use is out of their control. As Lewis (2015)

described, problematic substance use is “a battle ground of opinions” (p.6). According to Lewis (2015) there are three models that are considered for problematic substance use, the disease model, the choice model, and the self medication model. Having these new critical perspectives from Lewis (2011; 2015), journal writing became more rewarding because I had increased my critical thinking skills. For example, during group programming such as the beginning sessions of Phase One Treatment group, clients would share their views towards their problematic substance use and the contributing factors. As a result of gaining these critical perspectives at the beginning of the Advanced Practicum I was able to have a clinical understanding of problematic substance use and the different views towards its onset throughout group programming.

**Learning CBT.** Prior to co-facilitating group programming, I began to reflect on CBT literature such as Greenberger and Padesky (2015) who stated, “a central idea in CBT is that our thoughts about an event or experience powerfully affects our emotional, behavioural, and physical responses to it” (p.2). To gain a better perspective, I started completing the homework and activities that clients were assigned in my journal and reflecting on these experiences. For example, I completed a CBT activity where I was required to identify the contributing factors towards a reaction to a specific situation. Figure 1 below is the CBT model adapted from Beck (2011). This model is used to teach individuals to understand and recognize how their patterns of emotions, thoughts, and physical sensations were imbedded throughout their development, which in result contributes to the reaction of any situation (Beck, 2011). Referring to Figure 1, the model demonstrates how through our development and experiences we shape core beliefs (Beck, 2011). From this we then have intermediate beliefs such as attitudes or assumptions about any given scenario (Beck, 2011). Therefore, upon any situation we have automatic thoughts, which

contribute to our reactions (Beck, 2011). Upon any situation these components are contributing to our automatic thoughts, which then result in our reaction/behaviour.

By completing this activity, I went through the process of self-reflecting on how my own thinking and emotional patterns, contribute to the physical sensations and reactions/behaviours I experience. The situation that I recalled was when I had a class presentation that was approaching. The behaviour that resulted was that I decided to procrastinate my preparation for the presentation. By completing this activity, I learned that my core beliefs included believing that I was going to do a poor job and screw up my presentation, leaving me feeling embarrassed. I then became aware that my emotions were anxious and stressed and I physically felt overheated and tense. This activity was a rewarding experience because I was able to gain an understanding and awareness around my negative thinking patterns, and work towards catching negative thinking patterns to have positive behaviours/reactions. Starting with these activities, I had a better understanding of the challenges involved in making these changes. I was able to better support clients throughout the Advanced Practicum as a result of these reflexive practices.



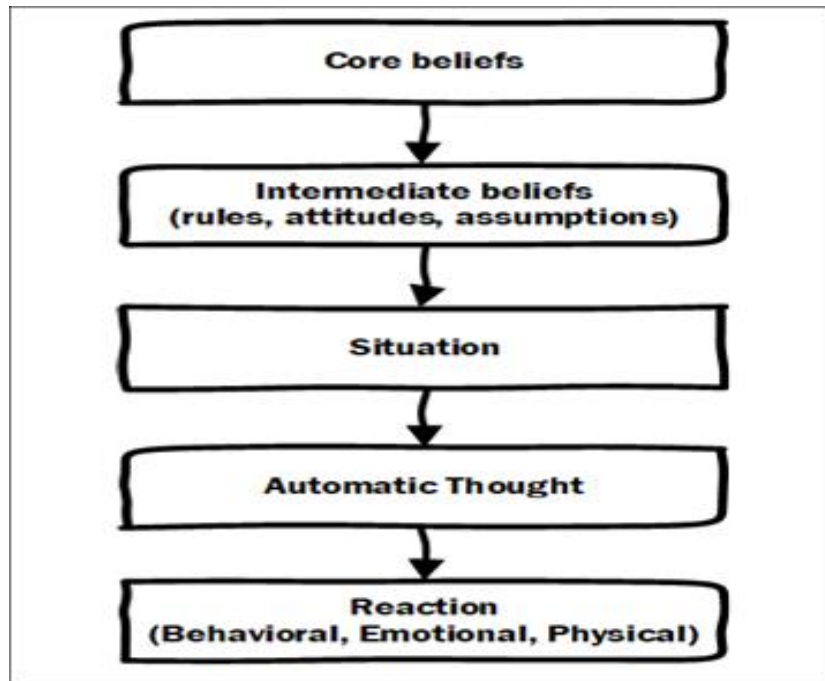


Figure 1. CBT Model (Adapted from: Beck, 2011, p.37).

**Linking CBT and problematic substance use.** To make the link between CBT and how it is utilized to support individuals who experience problematic substance use, the clinicians in the OAGS program being the Registered Social Workers, Registered Nurses, and Psychologist, framed CBT for problematic substance use as a coping skill for relapse prevention. Miller et al. (2011) stated, “A common theme in CBT of addictions is to teach clients the coping skills that they presumably lack so that they need not rely on chemicals or addictive behaviours in order to handle the expected and unexpected challenges of life” (p.185). Problematic substance use was often framed as a coping mechanism towards a difficulty they were experiencing and/or had experienced. With the rising rates of overdose deaths that Canada is experiencing (Statistics Canada, 2012), there is a need to work towards understanding the purpose that problematic substance use is serving for each individual, to best support them. One of the most memorable observations during the Advanced Practicum was seeing the large connection between trauma

and problematic substance use. One instance I remember very clearly was when a client described the feeling of an opioid high as a ‘warm fuzzy hug’. This individual had experienced significant trauma in their lifetime. There were many instances where clients described the desired effects of problematic substance use, and this was an important realization when discussing their motivation to make changes. From this, I learnt that sometimes even individual clients are unaware of what purpose their problematic substance use is serving.

**Analyzing the structure of the OAGS programming.** I gained a better understanding of CBT from analyzing the structure of the OAGS program because the program is grounded in a CBT approach. CBT is a structured psychotherapy, that is typically short term (Beck, 2011). Within CBT, each individual/group session involves; a check in, agenda setting, individual/group activities, psycho education, homework assigning, feedback, and a checkout (Beck, 2011). At the OAGS program, each group session followed this layout.

I began journal writing during the first Phase One Treatment group that I shadowed. Clients were aware of the agenda each week and how the group was going to progress. This provided clients with an understanding of what the expectations were of them and gave expectations for the facilitators of the group program. This was similar to what Beck (2011) argued around clients’ responses to the CBT approach for therapy. Beck (2011) argued that when clients are provided with an agenda for the session, there is less anxiety towards attending and participating because it ‘de-mystifies’ therapy. From journal writing, I found this to be accurate, and I liked how it became a team process where both the facilitators and the clients were able to participate in the group program.

I also began journal writing about the strengths and challenges to group therapy as I progressed through the Advanced Practicum. CBT in group settings has different challenges

compared to an individual setting (Bieling, McCabe, & Antony, 2006). The main challenges are group cohesion and homework completion (Bieling et al., 2006). While the OAGS program has a structured approach that is grounded in CBT, there is also the option for flexibility within the layout of a program if required. For example, in one group that I co-facilitated with Wendy Pascoe MSW, RSW, group cohesion was a challenge because some clients were meeting their weekly goals towards harm reduction, completing homework, and consistently attending, while some clients were struggling to do so. During this group I learnt the importance and value of having flexibility within a program to change the layout if needed to support the group towards succeeding collectively. Wendy Pascoe MSW, RSW and I were able to backtrack to introductory sessions to increase motivation and reset goals with the individuals in this Phase One Treatment group. Also, clients who were struggling with their problematic substance use and/or mental health were offered individual sessions to discuss treatment planning to ensure that they were being given the support they required. Overall, the practice of journal writing throughout co-facilitating group programming provided me with a clinical understanding of the structure of CBT, as well as the strengths and challenges involved. I also learnt that I enjoy the structured approach with CBT that emphasizes the importance of communication with clients to increase comfort levels to therapy (Beck, 2011), because often clients did comment on their anxiety towards joining a group-based program, however majority were successful in attending and participating.

**Transtheoretical model and stages for change.** An important reflection tool for understanding an individual's stages in their problematic substance use is the Transtheoretical Model and Stages for Change (Prochaska, Redding, & Evers, 2008). Referring to Figure 2 below, this model is used to help individuals identify where they identify themselves regarding

their motivation for wanting to make changes in their substance use currently. At the initial stage of programming, clients in the Treatment Initiations Group are asked to identify where they believe they fit into the stages of change model. This is re-visited throughout programming depending on need. The goal of this exercise is to support clients in self-reflection exercises and provide them with support in moving to the next stage. It provides individual clients with clarity regarding their problematic substance use and motivation. For example, if clients were in the pre-contemplation stage, they often identified that it was not the right time for them to attend the OAGS program. Often, clients arrived at the OAGS program in the preparation or action stage. This was important to understand when beginning to work with clients towards treatment planning.

<i><b>Stages of Change</b></i>	
Precontemplation	No intention to take action within the next 6 months
Contemplation	Intends to take action within the next 6 months
Preparation	Intends to take action within the next 30 days and has taken some behavioral steps in this direction
Action	Changed overt behavior for less than 6 months
Maintenance	Changed overt behavior for more than 6 months
Termination	No temptation to relapse and 100% confidence

Figure 2. Transtheoretical Model and Stages for Change (Prochaska et al., 2008, p.98).

**Working with an interdisciplinary team.** Inter-disciplinary teams are increasingly used in health care settings to provide a wholistic approach to supporting individuals who experience problematic substance use (Bogo et al., 2011; Toit & Honey, 2018). Social workers being one of these disciplines. To prepare social workers for these settings, interdisciplinary education and

training is important to increase comfortability levels (Bogo et al., 2011). Completing the Advanced Practicum in an interdisciplinary setting was a rewarding experience because I was able to learn how multiple disciplines work together to provide best practices to clients. Also, I was able to observe different practice approaches, techniques, and tools that other clinicians used, which would ultimately contribute to the further shaping of my social work practice.

For example, one day I co-facilitated a Treatment Initiation Group with Dr. Jenna Albiani, who is the Psychologist on the team. During this group, Dr. Albiani experienced a challenging client who was resisting a group activity. Dr. Albiani used a motivational enhancement tool to support this client. When the client showed resistance in completing a group activity, she gave them the option of sharing last. This resulted in the client changing their mind after each of their peers shared, and this individual ended up participating. Post group, I was able to sit and discuss with Dr. Albiani what had transpired and understand her approach with this client. Dr. Albiani explained that in situations where clients show resistance, she will use motivational enhancement tools to avoid a situation with a client where they continue to challenge the group facilitators. Dr. Albiani stated, “It is important to give the client the best lines” because it increases motivation. This served to be a valuable experience because there have been times where I felt stuck with clients because of the resistance that I was experiencing. Having had this experience, next time I am stuck with a client I will aim to use a motivational enhancement strategy to work towards a mutual agreement with them to avoid further resistance.

Another way that I became more knowledgeable and experienced working in an interdisciplinary setting was completing a student workshop. During the fall of 2018, I completed the Inter-professional Education program through the Northern Ontario School of Medicine. This was not part of the Learning Contract with HSN although it was important for

my learning. This program provides university students in all disciplines an opportunity to become familiarized with other professions and learn through different activities/volunteerism how to work together to form client centered treatment planning. From this experience I was able to learn specifically what various professions scope entails, and teach other students about social work and what it entails, to increase our comfortability levels for interdisciplinary settings. I completed the workshop twice, taking a leadership role the second time in the winter of 2019. The IPE program was rewarding because I became knowledgeable of other disciplines and became more comfortable working in an interdisciplinary setting. Toit and Honey (2018) argued that interprofessional education is an important part of education for future health care professionals. Being in a health care setting for the Advanced Practicum I was able to observe and experience how interdisciplinary settings function and it was a positive experience, which resulted in my new interest in working within a health care setting throughout my social work career.

### **Clinical Supervision**

Receiving clinical supervision was one of the three learning goals for the Advanced Practicum. I received clinical supervision from my supervisor, Wendy Pascoe MSW, RSW, on an almost daily basis to receive professional judgement, gain clinical knowledge and skills, and gain critical self-reflection (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). Receiving clinical supervision was an important aspect in how I immersed myself during my Advanced Practicum with the OAGS program. Wendy Pascoe MSW, RSW and I discussed what clinical supervision should look like and the responsibilities that we each would have. I took the lead on ensuring I received the clinical supervision that I needed to progress within my learning goals and have ongoing learning. I did so by attending Wendy Pascoe's office daily, and

during times that Wendy Pascoe MSW, RSW was busy, I sent an email requesting to arrange to sit down either later that day or the following date. Wendy Pascoe MSW, RSW provided clinical knowledge and expertise around my learning goals for gaining knowledge and experience with the harm reduction approach for problematic substance use, and CBT. Wendy Pascoe MSW, RSW and I would sit down and review the tasks I carried out, such as shadowing herself or other clinicians, co-facilitating group sessions, individual intake assessments, individual case management or sessions, and research/clinical reading. Discussed within this section will be; gaining assertiveness skills, gained knowledge and skills for effective practice, and finally harm reduction and self-criticism.

**Gaining assertiveness skills.** During clinical supervision, social work students learn to have self-accountability, and are responsible for creating their learning goals and pursuing them (Bogo & McKnight, 2006; Saarikoski, 2017). The responsibilities that I held to ensure I met this learning goal required me to increase my assertiveness skills throughout the Advanced Practicum by vocalizing my learning needs. Assertiveness is defined as, "characterized by bold or confident statements and behaviour" (Merriam-Webster, 2019). This practice was newer for me and challenging initially, however it was rewarding because I was quickly able to become confident in vocalizing my learning needs for the Advanced Practicum. For example, because gaining knowledge and experience with CBT was one of my learning goals, I knew that I would need to ensure that I was shadowing and co-facilitating group programming consistently throughout the Advanced Practicum. From the positive experience I had been having with Wendy Pascoe MSW, RSW throughout the Advanced Practicum, I became more comfortable and confident with approaching the entire OAGS program team to discuss my learning goals and learning needs.

**Gaining knowledge & skills for effective practice.** The opportunity to observe Wendy Pascoe MSW, RSW practice and then follow up with discussion to gain a clinical understanding, resulted in two important realizations for social work practice. The first realization that I had was, upon assessing clients, it is important to be able to recognize your scope of practice and be able to identify when other disciplines are required because their needs are not within your scope. Mirabito (2012) argued, when social workers are gaining clinical experience, they are becoming prepared to work in environments where they can assess clients and determine whether short term crisis interventions are appropriate, or if in-depth bio-psychosocial assessments are required. Being able to assess a client and create a treatment plan that can include external referrals to other services is important. My relationship with Wendy Pascoe MSW, RSW allowed me to be vulnerable and discuss my previous experiences assessing clients and creating treatment plans and the realizations I was having from observing her practice. For example, while I worked as an Out-Reach Worker with Monarch Recovery Services I worked independently majority of the time. During this time I took the lead on everything with my individual clients. I felt a sense of pressure that I placed on myself to be able to support them in every domain of their lives. Reflecting upon my social work practice previously compared to the end of the Advanced Practicum, I recognize the increased skill in being able to clinically assess clients and provide best practices treatment planning.

The second realization that I had through observing Wendy Pascoe MSW, RSW practice was the importance of using an empathetic approach with individuals who experience problematic substance use. The empathetic approach that she used was effective in building rapport with clients, and gaining a better understanding of them and their circumstances. Miller et al. (2011) stated that, “one of the strongest predictors of a counselor’s effectiveness in treating



substance use disorders is empathy” (p.49). While Wendy Pascoe MSW, RSW is a clinical social worker who grounds her practice in theoretical approaches, she demonstrated the importance of being able to pause and simply listen to clients and validate the difficulty in the challenges that they were experiencing, showing empathy. Miller et al. (2011) also stated, “beneath empathy is an attitude of total interest in and focus on understanding how your client perceives things, on seeing the world through his or her eyes” (p.51). I realized through observing Wendy Pascoe MSW, RSW how effective this empathetic approach was specifically during intake assessments. Following intakes assessments when Wendy Pascoe MSW, RSW and I would have a discussion to review the treatment plan she always had the confidence that her and the client were able to create the most effective treatment plan based on the wholistic understanding she had gained of that individual. Overall, clinical supervision provided continuous opportunities to observe Wendy Pascoe MSW, RSW use a clinical approach to social work practice. This resulted in important realizations for social work practice that would not have resulted solely from my own social work practice. There were other important realizations through observing clients within group programming. The following section will discuss the realizations and gained perspectives I gained from observing clients, specifically, self-criticism towards problematic substance use and the harm reduction approach.

**Harm reduction & self-criticism.** Historically, there has been a general misunderstanding towards the harm reduction approach for problematic substance use (Hyshka et al., 2019). However, during the Advanced Practicum it became evident to me through observing clients there is self-criticism and judgements that clients hold towards themselves for practicing a harm reduction approach for the problematic substance use challenges they experience. There were many instances during group programming where clients stated that they

felt as though employing the harm reduction approach as a goal for changing their problematic substance use was inefficient, and would comment that they would like to change their goal to abstinence. While within harm reduction there can be abstinence, the goal was to support clients in making goals that were attainable, and for many it was harm reduction. Overall, harm reduction services and programs for individuals who experience problematic substance use have positive impacts towards perceived negative attitudes of problematic substance use, increased coping skills, and decreased substance use (Habibia et al. 2011). I found this to be accurate because as clients would progress through group programming such as the Phase One Treatment group, the individuals who had difficulties accepting harm reduction as an acceptable approach for themselves would often recognize that harm reduction was a realistic and positive goal to have. As these individuals progressed, often they would become proud of their accomplishments and be excited to share that they met their goals weekly. Receiving clinical supervision with Wendy Pascoe MSW, RSW I reflected on Beck (2011) clinical book on CBT to discuss this self-criticism that many clients initially held. The overall goal of CBT is to teach individuals to understand and recognize their patterns of emotions, thoughts, physical reactions, and behaviours that were imbedded throughout their development (Beck, 2011). This new self-awareness and understanding that clients gained through the OAGS program resulted in them becoming more accepting of practicing the harm reduction approach, and being less self-critical.

Overall, clinical supervision was one of the three learning goals established for the Advanced Practicum, and through receiving this support daily, I gained self-reflexive skills, and clinical perspectives that ultimately improved my social work practice.

### **Summary**

In conclusion, journal writing and clinical supervision were important strategies to increase my self-reflexive skills. These self-reflexive strategies promoted the practice of linking theory to practice, which is an important component to field practicums for social work students (Bogo, 2015). Moving forward it will be important that I maintain these self-reflexive strategies to maintain competence throughout my career (Autry & Walker, 2011; OCSWSSW, 2008). Journal writing is a tool used to assist social work students in building their self-reflexive skills (Gursansky et al., 2010), and increases personal and professional skills (Bruno & Dell'Aversana, 2017; Toros & Medar, 2015). I practiced journal writing throughout the Advanced Practicum, I made notes when I had questions, revelations, or a learning experience. I would write in my journal after intake assessments, during group programming, during team meetings, and during clinical supervision. Journal writing throughout the Advanced Practicum enriched my learning. Reflected and discussed within this chapter was; developing critical perspectives; learning CBT by completing activities, linking CBT to problematic substance use, analyzing the structure of the OAGS program, the Transtheoretical Model and Stages for Change, and working with an interdisciplinary team. Overall, journal writing strengthened my clinical skills and self-reflexive skills, and this chapter of critical reflection allowed myself to view each experience during the Advanced Practicum through critical lenses and connecting theory to practice.

Receiving clinical supervision was one of the three learning goals for the Advanced Practicum. I received clinical supervision from my supervisor, Wendy Pascoe MSW, RSW, on an almost daily basis to receive professional judgement, gain clinical knowledge and skills, and gain critical self-reflection (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). I ensured that I met my learning goals and received clinical supervision. Wendy Pascoe MSW, RSW provided clinical knowledge and expertise around my learning goals. Wendy

Pascoe MSW, RSW and I would sit down and review the tasks I carried out, such as shadowing herself or other clinicians facilitate intake assessments or group programming, co-facilitating group sessions, individual intake assessments, individual case management, and research/studying literature. Reflected and discussed within this chapter was; gaining assertiveness skills, gained knowledge and skills for effective practice, and concluded with harm reduction and self-criticism. Overall, clinical supervision was one of the three learning goals established for the Advanced Practicum, and through receiving this support daily, I gained self-reflexive skills, and clinical perspectives that ultimately improved my social work practice. In conclusion, both of these strategies were important aspects to enriching the learning and gained clinical knowledge, and skills for self-reflexive social work practice.

### **Chapter Four - Conclusion**

This final chapter concludes the Advanced Practicum thesis by summarizing the gained experience, clinical knowledge, and skills for each learning goal. The chapter will begin with a review of the Advanced Practicum, and the outcomes of the learning goals from the experience. Finally, this chapter concludes with a comprehensive consideration of the implications for social work practice that emerged through this experience.

The objective for pursuing the MSW program was to have the opportunity to complete an Advanced Practicum where I was able to successfully complete the learning goals that were established in relation to problematic substance use and clinical social work. The learning goals for the Advanced Practicum were to learn more about harm reduction for problematic substance use and its practice in social work, to gain skills and experience in CBT, and to make effective use of clinical supervision from my supervisor, Wendy Pascoe MSW, RSW. I completed the Advanced Practicum at the Outpatient Addictions and Gambling Services program through Health Sciences North from January tenth to April 30<sup>th</sup>, 2019.

#### **Summary of the Advanced Practicum**

The beginning of the Advanced Practicum entailed shadowing intake assessments and group programming. Upon being trained, I continued by co-facilitating group programming, individually completing intake assessments, and as needed, individual case management to gain experience and skills with the harm reduction approach for problematic substance use and CBT. Another important component to the Advanced Practicum was developing knowledge and skills with CBT through direct and in-direct social work practice. All of these experiences were followed up with clinical supervision to enhance the learning, and increase self-reflective practices. Another strategy that was used to increase self-reflexivity as a practitioner was journal

writing throughout the Advanced Practicum. This journal was utilized to reflect upon my experiences to enrich learning and connect theory to practice. Overall, the Advanced Practicum contributed to the strengthening of my social work practice and increased clinical skills, both ultimately increased my confidence as a future social worker.

### **Learning Goals for the Advanced Practicum**

The learning goals established for the Advanced Practicum were met through direct and indirect social work practice. The main learning goal for the Advanced Practicum was to gain knowledge and experience with providing a harm reduction-based treatment for problematic substance use. I met this goal by shadowing clinicians, co-facilitating treatment groups and intake assessments, and reading academic and professional literature.

From this experience I learned that harm reduction for problematic substance use is effective for individuals who cannot commit to abstinence, whether temporarily or permanently (Wild et al. 2017). With harm reduction, the overall goal is to promote safer use and modified use of alcohol and illicit drugs to increase an individual's health and safety (Ministry of Long-Term Health, 2018). As discussed in Chapter Two, there is a plethora of literature that discusses the strengths of harm reduction. Specifically, the strengths to the harm reduction approach for individuals who experience problematic substance is safer substance use (Lau et al., 2015; Socias et al., 2017), increased quality of life (Collins et al., 2015), improvement in perceived stigmas and attitudes towards problematic substance use (Davis & Rosenberg, 2012; Habibia, Sobhi-Gharamaleki, & Bermas, 2011), and is a cost-effective strategy for problematic substance use, reducing drug related transmission of infectious diseases such as human immunodeficiency viruses (HIV) (Ontario Harm Reduction Distribution Program 2019; Wilson et al., 2015). The critique to the harm reduction approach is that it can be found to be labeling to those who

experience problematic substance use as having the issue permanently which alludes to the disease model, and can discredit the abstinence approach (Roe, 2005).

The next learning goal for the Advanced Practicum was to gain knowledge, experience, and skills with cognitive behavioural therapy (CBT). CBT is a form of psychotherapy and is an effective practice approach for supporting those who experience problematic substance use (Beck 2011; Logan & Marlatt, 2010), therefore it was an important learning goal for the Advanced Practicum. I met this goal by reading literature on CBT, such as clinical texts, and learning the material and structure of the OAGS program through shadowing and co-facilitating group programming. From this experience I learned that the goal of CBT for problematic substance use is to help individuals learn coping skills, alternative behaviours, and relapse prevention (Beck 2011; Logan & Marlatt, 2010; Niknejad & Farnam, 2015). CBT is focused on solving current problems individuals are experiencing by mainly teaching individuals to understand and recognize their patterns of emotions, thoughts, physical reactions, and behaviours that were imbedded throughout their development (Beck, 2011). These patterns can be positive or negative, depending on their development (Beck, 2011). CBT is a structured psychotherapy that is generally a short-term intervention that is focused on current presenting issues (Beck, 2011). The strengths of CBT are that it is cost effective, client centered, requires a therapeutic relationship, can be used with a large diversity of issues, and is effective in both individual and group settings (Beck, 2011). For individuals who experience problematic substance use CBT is effective for; increasing coping skills, motivation, and decreased relapse rates (Niknejad & Farnam, 2015). There are challenges with CBT, specifically when being used for problematic substance use. For example, depending on the individual and their circumstances, such as cognitive deficits, medical problems, social stressors, and lack of social resources, CBT may not

be effective (McHugh et al., 2010). From the Advanced Practicum I learned that CBT is an effective therapeutic approach that is used in group treatment settings for problematic substance use (Beck 2011; Logan & Marlatt, 2010). I gained knowledge and skills for CBT through the experience of practicing CBT within group treatment programming. Positive feedback of this progress from Wendy Pascoe MSW, RSW and other clinicians such as Dr. Albani confirmed my success. This confirmed that I was successfully meeting my learning goal for CBT because Wendy Pascoe MSW, RSW and Dr. Albani are both diplomates of the Academy for Cognitive Behavioural Therapy. Overall, the experience of becoming trained and knowledgeable with CBT was positive and motivates me to pursue further training. For example, as a result of this experience I formulated future goals such as completing formal CBT training through the Academy of Cognitive Behavioural Therapy.

The final goal was to make effective use of clinical supervision throughout the Advanced Practicum to gain clinical skills for social work practice. This goal was met by employing self-reflexive strategies such as journal writing and receiving clinical supervision which were used throughout my experiences, in relation to the learning goals throughout the Advanced Practicum. For students, clinical supervision is a crucial part of field practicums (Bogo, 2015; Bogo & McKnight, 2006; Davys & Beddoe, 2015). From this experience I learned the value in receiving ongoing clinical supervision, and as a result I am able to think with clinical lenses, and also recognize that there will be ongoing development of my social work practice throughout my career (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). The goal of clinical supervision for students is to learn to have self-accountability, be responsible for creating learning goals and pursuing them, the clinical supervisor provides guidance and support throughout their field practicum (Bogo & McKnight, 2006; Saarikoski, 2017). Today there are



challenges to ensuring there is clinical supervision for social work students (O'Donoghue, 2015). Challenges such as fiscal pressures and managerial cutbacks, increased student numbers, and increased competition between education providers has contributed to the challenge of ensuring all students are provided with high quality learning and experiences (Cleak & Zuchowski, 2018). During the Advanced Practicum clinical supervision was effectively used to gain clinical skills for social work practice. As a result of receiving clinical supervision consistently, I gained assertiveness skills to be able to vocalize my learning needs throughout the Advanced Practicum. Another important outcome of clinical supervision was my improved self-reflexive skills. These self-reflexive skills taught me the importance of being able to recognize my scope of practice and be able to identify when other disciplines are required because a client's needs are not within my scope. Another outcome from improving my self-reflexive skills was the realization of the importance of using an empathetic approach with individuals who experience problematic substance use to build rapport and have effective outcomes.

Journal writing was a strategy used to enhance self-reflexive practice, as part of my learning goal to gain clinical skills for social work practice. Self-reflexive practice is an important component to social work practice (OCSWSSW, 2008). Students who practiced journal writing throughout their field practicums found improved personal awareness and formed a professional identity (Bruno & Dell'Aversana, 2017; Toros & Medar, 2015). Journal writing promotes linking theory to practice that influences social work practice (Bruno & Dell'Aversana, 2017). Journal writing was effective in promoting self-reflexive practices throughout the Advanced Practicum. I practiced journal writing throughout the Advanced Practicum, I made notes when I had questions, revelations, or a learning experience. I would write in my journal after intake assessments, during group programing, during team meetings, and during clinical

supervision. From this experience I used journal writing to gain clinical skills and perspectives to enrich my learning specifically with; developing critical perspectives, learning CBT by completing activities, linking CBT to problematic substance use, analyzing the structure of the OAGS program and the Transtheoretical Model for Stages of Change, and working with an interdisciplinary team. Overall, journal writing strengthened my clinical skills and self-reflexive skills. It was used to prompt clinical conversations during clinical supervision sessions with Wendy Pascoe MSW, RSW.

Another important learning experience from the Advanced Practicum was working in an interdisciplinary setting. Interdisciplinary settings are increasingly used within problematic substance use and mental health settings to ensure that interventions taken with clients are holistic, providing various disciplines expertise (Bogo et al., 2011; Toit & Honey, 2018). Within mental health and problematic substance use settings, there are often interdisciplinary teams, and social workers are increasingly becoming exposed to interprofessional supervision (Bogo et al., 2011). Working in the health care system for my first time, I experienced working with an interdisciplinary team, and learnt the value in having different disciplines work together to assess clients and create treatment plans that provide a holistic approach to care. As discussed, the OAGS program is a collection of different disciplines which includes Registered Social Workers, Registered Nurses, a Psychologist and a consulting Psychiatrist who work collectively to provide client care. While each discipline has similar roles and responsibilities, they also have individual contributions. Within social work practice, the social workers at the OAGS programs are the ones who are responsible for providing mental health support and advocacy such as referrals and individual treatment. Having the opportunity to work in an interdisciplinary setting increased my comfortability levels of working collectively with other

disciplines. I learned how multiple disciplines work together to provide best practices to clients. Also, I was able to observe different practice approaches, techniques, and tools that other clinicians used, which contributed to the further shaping of my social work practice. Overall, each learning goal was met with success. More growth and knowledge were gained from this experience than I initially expected. Each learning goal for the Advanced Practicum contributed to my growth towards being a competent, skilled Social Worker.

### **Implications for Social Work Practice**

After completing the Advanced Practicum with the OAGS program, there were some important implications identified for social work practice. These implications being, to continue to increase awareness to improve attitudes towards problematic substance use and the harm reduction approach for, individuals who experience problematic substance use, the public, and health care professionals. These implications are important for social work practice because social workers are advocates (OCSWSSW, 2008). Another important implication for social work practice is recognizing the barriers to receiving clinical supervision today and the critical implications that this has for social work students and recent graduates. This implication is important for social work practice because clinical supervision provides professional judgement, improves clinical knowledge and skills, and improves critical self-reflection skills (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). These implications were identified throughout the experience of the Advanced Practicum and will be considered throughout my career.

### **Awareness and Attitudes towards Problematic Substance Use & Harm Reduction**

An important implication for social work practice is to continue providing education and awareness about problematic substance use, to decrease stigma. Similarly, for harm reduction, further education and awareness needs to be delivered to ensure that there is proper understanding of the harm reduction approach. Throughout the Advanced Practicum I observed and learnt about perceived attitudes and stigma towards problematic substance use. Problematic substance use experiences stigma from a lack of education and understanding (Mancini, Lindhorst, Broderick, & Bayliff, 2008). This contributes to the perceptions that problematic substance use is a moral and legal issue, rather than a health issue that requires support and assistance to decrease health risks, thus less support towards programs and services result (Mancini et al., 2008). For the social work profession, it is important to understand which interventions are effective in reducing stigma within different populations because social workers are advocates. The OCSWSSW (2008) Code of Ethics states, “a Social Worker or social service worker shall advocate change in the best interest of the client, and for the overall benefit of society, the environment and the global community” (p.3).

The three common populations that hold stigma towards problematic substance use are; self-stigma, social stigma, and professional stigma (Livingston, Milne, Fang, & Amari, 2012). Self-stigma involves individuals who personally experience problematic substance use. There are interventions that decrease self-stigma such as, harm reduction programs (Habibia, Sobhi-Gharamaleki, & Bermas, 2011), and acceptance and commitment group therapy programs (Livingston et al., 2012). Harm reduction as an approach to problematic substance use impacts more than decreased substance use, it also improves the perceived stigmas and attitudes towards problematic substance use (Davis & Rosenberg, 2012; Habibia, Sobhi-Gharamaleki, & Bermas, 2011). For social stigma/community, an effective strategy to reducing stigma is through

providing education and sharing positive stories where the outcomes of using a harm reduction approach positively impacted an individual (Livingston et al., 2012). Finally, professionals who work within the field of problematic substance use such as healthcare professionals, benefit positively from educational and training programs, resulting in decreased stigmatic views (Livingston et al., 2012).

The harm reduction approach experiences its own strengths and challenges in regards to awareness and attitudes. The history of the implementation of harm reduction programs and services within Canada illustrates that there have been positive strides in implementing harm reduction as an approach towards problematic substance use (Wild et al., 2017). While there has been progress in increasing harm reduction strategies by implementing services and program, historically, there is still apprehension towards increasing harm reduction services and programs (Hyshka et al., 2019). This apprehension stems partly from the lack of awareness of the harm reduction approach. There is a common misunderstanding that the harm reduction approach supports problematic substance use, and therefore can be misunderstood as a model that condones and enables problematic substance use (Hyshka et al., 2019; Mancini et al., 2008). The harm reduction approach is effective for individuals who cannot commit to abstinence temporarily, or even permanently (Wild et al. 2017). The primary goals of the harm reduction approach include safer substance use, especially for injection substance users, an increase of individuals connecting to community programs, increases in individuals attending residential treatment programs, decreased substance use overdoses, decreased burden on the health care system, and reduced drug related infectious diseases (Ontario Harm Reduction Distribution Program, 2019). Harm reduction takes a health care approach to problematic substance use. The overall aim of harm reduction is to decrease overdose rates and increase the health and safety of

substance use through different forms of harm reduction (Ministry of Health and Long-Term Care, 2018, p.15). Overall, the implications for social work practice are to continue providing education and awareness about problematic substance use, and the benefits of the harm reduction approach.

Referring to my Advanced Practicum, Health Sciences North has a clear vision for delivering health care, “Health Sciences North (HSN) is a new approach to delivering the highest quality patient care, research, teaching and learning to our region and beyond” (2018). For example, during the Advanced Practicum, the OAGS program discussed the importance of providing education to the community about the OAGS program to teach the public and other health care professionals about the harm reduction treatment program. Overall, problematic substance use is a prevalent issue within Canada, and the implications that this has for social work practice is understanding the importance of advocating through education and awareness.

### **Clinical Supervision for Social Work Practice**

Another important implication for social work practice is recognizing the critical implications that the barriers and lack of availability to receiving clinical supervision today has for social work students and recent graduates. Clinical supervision is recognized as a critical component to social work practice because it provides professional judgement, improves clinical knowledge and skills, and improves critical self-reflection skills (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). Receiving clinical supervision was an important learning goal for the Advanced Practicum so that I could have the opportunity to hone clinical skills for social work practice. Returning to university to pursue my MSW, the term clinical supervision was newer to me, it was not a significant discussion during the BSW. Having the support and guidance of an experienced social worker was crucial for enriching the learning and

growth throughout the Advanced Practicum. I received clinical supervision throughout the Advanced Practicum on an almost daily basis from Wendy Pascoe MSW, RSW whom provided clinical knowledge and expertise around my learning goals. Clinical supervision was around the tasks I carried out, such as shadowing herself or other clinicians, co-facilitating group sessions, individual intake assessments, individual case management or sessions, and research/reading literature. In addition to the gained clinical knowledge and skills for social work practice, I learned about the value in receiving clinical supervision at the early stages of social work practice and the importance of its presence throughout my career.

The critical implications with these increasing barriers and challenges for clinical supervision need to be considered. For social work students who are working towards gaining clinical social work skills, most of their skills and knowledge are initially gained through field education, where theoretical perspectives that are learned in courses, are put into practice (Bogo, 2015; Bogo & McKnight, 2006). For recent social work graduates, it is important that clinical supervision is a constant practice to ensure that they are provided with feedback, to support the development of one's clinical practice (Pack, 2009). Furthermore, for experienced social workers, clinical supervision still remains as an important component of their practice, which is focused on long-term development (Pack, 2009). Overall, clinical supervision is important because it contributes to the continuous development and strengthening of an individual's social work practice throughout their career (Bogo & McKnight, 2006; Ontario Association of Social Workers, 2016). Without the opportunity to gain clinical skills and form self-reflexive practices it can be challenging for social workers to continue to maintain their competence throughout their career (Autry & Walker, 2011; OCSWSSW, 2008).

There are increasing challenges presenting for social work students with securing clinical supervisors for their field practicums (Cleak & Zuchowski, 2018). Challenges such as fiscal pressures and managerial cutbacks, increased student numbers, and increased competition between education providers has contributed to the challenge of ensuring all students are provided with high quality learning and experiences (Cleak & Zuchowski, 2018). Because of these challenges, universities are turning to different forms of supervision for students such as external supervision, group supervision, rotational supervision, and co-supervision (Cleak & Zuchowski, 2018). While there are some positive aspects to each form of supervision, traditional one-to-one supervision is preferred as with alternative supervision there may be a compromise in the quality of the learning that students have (Cleak & Zuchowski, 2018). Overall, it is important that social work educators continue to strive for social work students to receive clinical supervision during their field practicums (Strong et al., 2004).

Another implication for the social work profession, is acknowledging the importance of clinical supervision within interdisciplinary settings. Clinical supervision supports social workers to mold an identity for themselves within interdisciplinary teams, especially for new graduates (Strong et al., 2004). My experience working with an interdisciplinary team throughout the Advanced Practicum was positive because I received clinical supervision and completed the IPE workshop, which educated me on other professions and increased my comfortability levels for interdisciplinary settings. However, I recognize the challenges that can arise when working in interdisciplinary settings without the guidance and support of clinical supervision for social work practice, such as role confusion (Toit & Honey, 2018).

## **Conclusion**



In conclusion, the Laurentian University MSW Advanced Practicum has provided me with the skills and knowledge to confidently support and understand those who experience problematic substance use. I gained experience and knowledge with the harm reduction approach for problematic substance use. From this experience I also became immersed in using a clinical approach to social work practice through evidence based therapeutic approaches such as CBT, practicing CBT in both an individual and group-based setting. Finally, practicing self-reflexive strategies such as journal writing and receiving clinical supervision, I gained self-reflexive skills and critical thinking skills. Clinical supervision was an important component throughout the Advanced Practicum because it provided me with the clinical skills and knowledge to have clinical lenses, and be able to critically reflect on my social work practice. Overall, this experience rekindled the passion that I have for problematic substance use and mental health that I found during my Bachelor of Social Work, and I am so grateful for it.

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